

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
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46						
47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	30	←	←	←		
TOTAL CLAIMS	36	←	←	←	←	←

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
51												
52												
53												
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96												
97												
98												
99												
100												
TOTAL IND.												
TOTAL DEP.		←	←	←					←	←	←	←
TOTAL CLAIMS	36	←	←	←	←	←	←	←	36	←	←	←